

MAGNETIC MEDIA - TRANSMITTER REPORT

For information call: (608) 267-4406

Please type or print. Complete the following information and return with tape(s) to:

Unemployment Insurance - DWD, Wage Reporting, P.O. Box 7962, Madison, WI 53707

1. NAME OF TRANSMITTER			2. QUARTER		3. YEAR	
4. ADDRESS			CITY		STATE ZIP	
5. RECORD LENGTH	6. BLOCK SIZE	7. TAPE DENSITY BPI (check one) <input type="checkbox"/> 1600 <input type="checkbox"/> 6250	8. RECORDING CODE (check one) <input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII		9. INTERNAL TAPE LABEL <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. VOLUME SERIAL NUMBER(S)		11. TOTAL NUMBER OF EMPLOYERS REPORTED		12. TOTAL NUMBER OF EMPLOYEES REPORTED		

EMPLOYER SUMMARY INFORMATION

13. STATE EMPLOYER ACCOUNT NUMBER	14. NUMBER OF EMPLOYEES REPORTED	13. STATE EMPLOYER ACCOUNT NUMBER	14. NUMBER OF EMPLOYEES REPORTED

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

15. I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS REPORT AND ON THE ACCOMPANYING MAGNETIC TAPE(S) IS TRUE AND ACCURATE.		
SIGNATURE	PHONE NUMBER	DATE

Department of Workforce Development
Unemployment Insurance

OFFICIAL BUSINESS

BUSINESS REPLY LABEL

FIRST-CLASS MAIL PERMIT NO. 12634 WASH., D. C.

POSTAGE WILL BE PAID BY THE U.S. DEPT. OF LABOR

DWD - UI WAGE RECORD
MAGNETIC MEDIA COORDINATOR
P O BOX 7962
MADISON WI 53791-7962
NO POSTAGE
NECESSARY IF
MAILED IN THE
UNITED STATES**RETURN TAPE TO: (TRANSMITTER TO COMPLETE)**

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

STATE OF WISCONSIN - EXTERNAL TAPE LABEL

TRANSMITTER'S NAME			REEL OF
VOLUME SERIAL NUMBER			
QUARTER	YEAR	BPI <input type="checkbox"/> 1600 <input type="checkbox"/> 6250	RECORDING CODE <input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII
BLOCK SIZE	RECORD LENGTH	TOTAL RECORDS	INTERNAL TAPE LABEL <input type="checkbox"/> YES <input type="checkbox"/> NO

QUESTIONS REGARDING MAGNETIC TAPE

Phone: (608) 267-4406

Email: wagenet@dwd.state.wi.us

MAILING INSTRUCTIONS

When mailing your magnetic tape or cartridge, affix and complete an external tape label to tape or cartridge, and complete and enclose a Transmitter Report and return address label.

1. External tape/cartridge label
2. Return address label

STATE OF WISCONSIN - EXTERNAL TAPE LABEL

TRANSMITTER'S NAME		REEL	
		OF	
VOLUME SERIAL NUMBER			
QUARTER	YEAR	BPI <input type="checkbox"/> 1600 <input type="checkbox"/> 6250	RECORDING CODE <input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII
BLOCK SIZE	RECORD LENGTH	TOTAL RECORDS	INTERNAL TAPE LABEL <input type="checkbox"/> YES <input type="checkbox"/> NO

RETURN TAPE TO: (TRANSMITTER TO COMPLETE)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

3. Magnetic Media - Transmitter Report, Form UCB-7822

If additional pages are needed to list all employers on the tape, you may attach a printout of UI account numbers and number of employee records per employer. The Transmitter Report will serve as the summary document for all wage information submitted on the tape or cartridge, and must be signed by the authorized representative.

Mail your tape or cartridge and transmitter report to:

DWD - UI Wage Record
P.O. Box 7962
Madison, WI 53707

You can file your quarterly Tax Report UCT 101 via the Internet <http://uiqtwrs.dwd.state.wi.us> and make your payment via Electronic Funds Transfer (EFT) by calling 608-261-6700.

Do not mail your Tax payment with your magnetic media report.